



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville, 2nd Floor
Rockville, Maryland 20850
240-777-3986 Fax 240-777-3088

RECREATIONAL CAMP/SUMMER CAMP PROGRAM APPLICATION

Application is hereby made for a license to operate a Recreational Camp/Summer Program in Montgomery County, Maryland.

☐ New ☐ Renewal

TODAY'S DATE _____

Name of Camp/Program: _____

Address: _____
(Location of camp) street number and street name

city state zip code Telephone #: include area code

Owner or Corporation Name: _____

Mailing Address _____
street number and street name

city state zip code

Camp Director's Name: _____ Telephone #: _____
include area code

Maximum number of children at any time: _____ Number of children enrolled: _____

Do you intend to prepare/serve meals on the premises? ☐ yes ☐ no

Do you have a swimming pool on the premises? ☐ yes ☐ no

Have all staff had a criminal background check? ☐ yes ☐ no

Water Supply: ☐ public ☐ private Sewerage: ☐ public ☐ private

Dates of Operation: Open _____ Close _____

Is this location currently licensed as a Day Care Center under COMAR 07.04.02? ☐ yes ☐ no

Person to contact and daytime phone number to arrange inspections:

Print Name

Daytime Phone Number

Note: **New Camp or Change of Location** for an existing camp a copy of your Use and Occupancy Permit for school or day care use must be attached to this application. To obtain a Use and Occupancy Permit call 240-777-6240.

Signature: _____ Title: _____

Fee Information: *Please refer to Recreational Camp Fact Sheet*

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850 - Payment must be made by check or money order payable to "**Montgomery County, Maryland**". *We are unable to accept cash payments.*

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Expires: _____

Record Number: _____

